



Instructor Application

Course Applying for: *(Select recertification only if you qualify – please contact our office if you are not sure)*

| | | | |
|-----------------------------------|---|-----------|--|
| <input type="checkbox"/> PDIC/LCV | <input type="checkbox"/> New Instructor/Full Course | <u>OR</u> | <input type="checkbox"/> Recertification |
|-----------------------------------|---|-----------|--|

If applying for a recertification course:

Certification expires on (date): _____

Company: _____

Instructor's Name: _____

Business - Street Address: _____

City, Province: _____

Postal Code: _____

Phone: _____

Fax: _____

Home - Street Address: _____

City, Province: _____

Postal Code: _____

Phone: _____

Fax: _____

Email Address: _____

***IMPORTANT** – The email address provided above is the recommended method for submitting your invoice (if applicable) and official receipt.*

Additionally, please ensure that Pages 2 and 3 are fully filled out and all necessary documents are attached.

Email: info@sasktrucking.com



Instructor Application

Anyone wanting to become an Instructor for an STA course must meet or exceed the requirements or qualifications which apply to that specific course.

- I am employed by a Member of the STA and will be training for that employer
- Proof of formal training regarding instruction or facilitation and/or proof of experience in the role of safety professional or professional workplace instructor or facilitator
- Letter of recommendation from current employer
- Resume attached

Only complete this section if applying to be an LCV Instructor:

- I am providing training within Saskatchewan only
- I possess a Valid Saskatchewan Driver's Licence
 - Driver's Licence Class: _____
 - Copy of Driver's Licence
- Clean Driver's Abstract attached, within the last 30 days
 - No moving violations, No suspensions in the past three years, and No Criminal Code convictions showing on the abstract
- The company that I am employed with, possesses an LCV Permit
 - Copy of LCV/EEMV Permit attached



Important Notes:

- Documentation that provides proof of **prerequisites will be required.**
- Failure to provide proper documentation will result in the applicant being refused training.
- Instructor courses are only available to “CARRIER MEMBERS” of the STA.
- Please refer to the course description or contact the office for details.

Cancellation Policy:

Cancellations must be received by speaking to our staff in person, by phone (NOT by voicemail), or in writing:

- Cancellation at least (5) business days before the course start date- STA will refund the registration fee in full
- Cancellation with 48 hours’ notice- STA will refund 50% of the registration fee
- Cancellations with less than 48 hours notice or no-show will be charged in full.

Please sign that you have read and agree with the cancellation policy.

Signature: _____ Date: _____

Authorization:

Name of Authorized Representative: _____
(Please Print)

Title: _____ Signature: _____

Note: It is the policy of the STA that only members of the Association may be invoiced. Sorry for any inconvenience - we can also accept VISA or MC over the phone.

| Payment Information | | |
|--|-----------|----|
| Payment Method: <input type="checkbox"/> Invoice <i>(Members Only)</i> <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> Cheque Attached | Amount: | \$ |
| Card #: | GST (5%): | \$ |
| Expiration Date: CVV: | Total: | \$ |

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|-------------------------|
| Office Use Only: |
|-------------------------|